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Written Testimony Cecilia Acosta, RN
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Dear Senator Harp, Representative Geragosian, and members of the Appropriations Committee, my name is Cecilia Acosta and I am a Supervisor of Clinical Services in Behavioral Health for New England Home Care.

I am here to speak in opposition to the proposal in the Governor's Deficit Mitigation Plan to reduce the rates of Medicaid providers by 5%. The home care community serves a variety of high acuity complex patients who are elderly, disabled, and those who suffer from mental illness. A significant number of these patients are Medicaid recipients. I am here today to speak on those who suffer from mental illness.

In the past few years there has been a drastic shift from institutional care towards the use of home health. These patients are high acuity and high need. Even with maximum services to a psychiatric patient, the daily cost to the State is 121 dollars. 121 dollars per day is obviously far lower that the thousands spent in institutions and emergency rooms. Most recently we are seeing this trend play out with patients transferred to home care with the closing of Cedarcrest Hospital

Since we generally see patients with multiple problems both medical and psychiatric, the acuity level has increased significantly. These are not average patients. They are very ill, they need help, they are on high levels of medications and while they can achieve successes in their daily lives, they will only be stable and safe through the interventions of skilled clinicians managing their care.

I give you real life examples of clinical success and cost savings. Client C. was insitituionalized at Connecticut Valley Hospital for more than 2 years. He has a tramautic brain injury with poor impulse control and he also has very limited cognitive function. Upon discharge from CVH, Client C. was originally seen by a psychiatric nurse 2 times per day (BID) seven days per week and he was living in a supervised setting. Now, two years later, he is living in an independent apartment, nursing services have been decreased to daily morning visits and he is capable of taking his own prepoured evening medications with prompting. While unable to be fully independent with his medications, this is a huge success with the ritualistic structure provided by the nurse who has worked extremely hard to get him to this point over the past 2 years.

Example number two: Client K. was sent to the emergency room. The emergency room doctor, not knowing the patient, initially diagnosed Client K with lithium toxicity. Client K's psychiatric home care nurse contacted the emergency room doctor and based on the nurse's assessment, the MD corrected the diagnosis of the toxicity unrelated to the medication but to a medical condition of lactose intolerance which caused dehydration. Had the ER MD treated the patient for strictly lithium toxicity, she would have had her medication discontinued. Her medications were stabilizing her psychiatric condition and she would decompensate without these medications.

Final example, our nurses are often faced with the unfortunate reality of violence in the homes either related to the patient or the individuals surrounding them. In one instance, one of our psychiatric home care nurses heard screaming from her patient's apartment; she rushed in and found a patient stabbing his mother. This patient had been stable and compliant with his medication regime but due to his mental illness, he snapped. The nurse de-escalated the patient and was able to immediately call mobile crisis and 911. She kept the patient down and calm until everyone arrived. The mother was transferred to the hospital, but she survived.

These are real life examples of the real impact that psychiatric home health care nurses have on these patients. Yes, they need constant and ongoing care and monitoring from a trained psychiatric nurse. Our psychiatric nursing plans always include interventions that foster successes (no matter how minor) with a focus on recovery and reduction in the use of emergency rooms as primary care. We are always trying to decrease the care authorized to save the State more money and to foster the patient's independence. Sometimes we see big successes; most times it is a daily struggle.

We do understand the economic crisis in the State, but it makes no sense to cut the services that saves so much money in the short term and the long term. There is so much that can be done to save money by serving people in their homes where there is optimal healing and comfort. By cutting our care, these patients will clog emergency rooms, police departments and correctional facilities. We can keep them home and safe but we need support. With a 5% reduction to our rates, nurses will not risk servicing a population which oftentimes puts them at risk.

Thank you for your time and consideration.

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